

PTO/SB/06 (08-03)

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PATENT A DRUG ATION TOTAL DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Aphibator or Sickey Number 95		
	CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL	ENTITY	OR		R THAN ENTITY
B/	FOR ASIC FEE	NUM	BER FILED) NUME	BER EXTRA		RATE	FEE		RATE	FEE
(37	(37 CFR 1.16(a))				`]		s	OR		\$
(37	OTAL CLAIMS 7 CFR 1.16(c))	120	minus 2	7	1	x s =	1	OR	V e =		
	DEPENDENT CLA 7 CFR 1.16(b))	ums U	minus	3 = .			x s =	 	OR OR	X \$ =	
ML	JLTIPLE DEPEND	DENT CLAIM PRESE	ENT	(37 CFR 1.16(d))		1	+5 =		OR		
١١.	the difference in	n column 1 is less th	han zero, r	enter "0" in column	12.	. [TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II						* ** ***) Oik	TOTAL	L
۱,	F.9001	9/01								OTHER	
14	5/109	(Column 1)		(Column 2)	(Column 3)	• ;	SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
100	(37 CFR 1.16(c))	ļ <u>.</u>	Minds	5	=		x \$=		OR	x \$ =	
MEJ	Independent (37 CFR 1.16(b))	<u> </u>	Minus	MIC	=		x s=		OR	x \$ =	
∢	FIRST PRESENT	ITATION OF MULTIPL	LE DEPEND	ENT CLAIM (37 CF	FR 1.16(d))		+ 5 =		OR	+ s =	
						_	TOTAL ADD'L FEE			TOTAL	
		(Column 1)		(Column 2)	(Column 3)		AUDEFEL		OR	ADD'L FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ö	Total (37 CFR 1.16(c))	<u> </u>	Minus	••	=		x \$=		OR	x \$ =	
VEN	Independent (37 CFR 1.16(b))		Minus		Ξ	ı	X \$ =			x \$ =	<u> </u>
A	FIRST PRESENT	TATION OF MULTIPLE	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))	ľ	+5 =		OR		
							TOTAL ADD'L FEE		OR OR	+ \$ = TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	_					
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₫l	Total (37 CFR 1.16(c))		Minus		=		x \$=		OR	X \$_ =	1
AMENDME	Independent (37 CFR 1.16(b))	•	Minus	***	=	-	x s_ =		ľ		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR		
			_	+ \$ = TOTAL		OR	+ \$ =				
*	If the entry in co	olumn 1 is less than	n the entry	in column 2, write	"n" in column 3.	,	ADD'L FEE		OR	ADD'L FEE	·
	II tile Highest N	Number Provincely I	Daid For I	IN THIS SPACE is		-	* 20 * .				

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.